

PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/499526
		Filing Date	February 10, 2000
		First Named Inventor	Kuanghui Lu
		Examiner Name	R. M. Deberry
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1647
TOTAL AMOUNT OF PAYMENT		(\$)	1,020.00
		Attorney Docket No.	
		CIBT-P01-058	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or any underpayment of fee(s), under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
 Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 = _____	x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____
- 3 = _____	x _____	= _____		_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

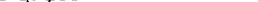
Non-English Specification, \$130 fee (no small entity discount)

Other: 1253 Extension for response within third month

1,030.00

SUBMITTED BY

SUMMONED BY:

Signature		Registration No. (Attorney/Agent)	46,862	Telephone	(617) 951-7794
Name (Print/Type)	Agnes S. Lee	Date	December 15, 2004		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12/3/09 Signature: Ginny Blundell (Ginny Blundell)



(647)
Ran

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Lu et al.

Serial No: 09/499,526

Filed: February 10, 2000

For: Methods and Reagents for Treating
Glucose Metabolic Disorders

Attorney Docket No. CIBT-P01-058

Art Unit: 1647

Examiner: R. DeBerry

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

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December 15, 2004

Date of Signature
and of Mail Deposit

Ginny Blundell

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY UNDER 37 CFR 1.111

Sir:

This amendment is being filed in reply to the outstanding Office Action, mailed June 15, 2004, in connection with the above application. Please enter the following amendments:

Amendments to the claims begin on page 2 of this response.

Remarks begin on page 18 of this response.